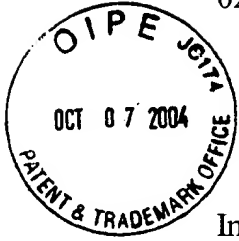


02355.011109

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Yukio SAKAGAWA, ET AL.

Application No.: 09/512,836

Filed: February 25, 2000

For: IMAGE PROCESSING METHOD
AND APPARATUS

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Examiner: D. Harvey

Group Art Unit: 2614

October 7, 2004

RECEIVED

OCT 12 2004

Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 7, 2004, please amend the
application as indicated below.

21
In re Application of:

Yukio SAKAGAWA, ET AL

Application No.: 09/512,836

Filed: February 25, 2000

For: IMAGE PROCESSING METHOD
AND APPARATUS



Docket No. 02355.011109

Examiner: D. Harvey

Group Art Unit: 2614

Date: October 7, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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OCT 12 2004
Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	73	MINUS	74	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	17	MINUS	18	= 0	x \$44 \$88	\$0.00
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicants
Brian L. Klock
Registration No. 36,570

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

BLK/lmj

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